

1949

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Recommended Citation

Benjamin Karpman, Criminality, Insanity and the Law, 39 J. Crim. L. & Criminology 584 (1948-1949)

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CRIMINALITY, INSANITY AND THE LAW

Benjamin Karpman

The following article was read originally before the Montgomery County (Md.) Medical Society, the Montgomery County (Md.) Bar Association, and recently before the staff resident physicians, St. Elizabeth's Hospital, February 13, 1948.—EDITOR.

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I. A Matter of Definitions and Attitudes

Much misunderstanding has arisen between psychiatrists and lawyers, and there is a great deal in the relations between the two professions that needs better understanding and greater clarification. The task, however, is made even more difficult by the fact that I belong to the small group of psychiatrists who hold the thesis that criminality is without exception symptomatic of abnormal mental states and is an expression of them. While psychiatrists as a group are willing to concede such insanity is often back of criminal behavior and that criminals develop insanity in much greater proportion than any other social group, most of them will not go the whole length of the thesis that all criminals are abnormal. The legal profession has gone but little beyond the McNaughten case, willing to admit no more than that as occasionally and rather infrequently crimes are committed by insane, such individuals are to be sent to a hospital for the insane for confinement and treatment. For the rest, criminals are viewed as mentally normal, fully responsible people who commit crimes out of sheer viciousness and that punishment is the proper method of dealing with these situations. The average psychiatrist is but little ahead of the legal profession, limiting his conception of insanity to undoubted psychoses, but omitting the vast field of neuroses, psychopathies and borderline conditions. It is my task to present pertinent material demonstrating abnormal motivations behind the major types and kinds of criminality; to demonstrate that since these people are emotionally abnormal, they cannot be held legally responsible; and

that psychiatric treatment, and not punishment, is the preferred and logical treatment of crime.

It must be first clearly understood that insanity is entirely a legal term comprising behavior that is grossly and obviously abnormal; hence, a mental defective without any evidence of psychotic manifestations is legally insane, since he cannot choose, because he does not understand the difference between right and wrong; while a very intelligent and clever paranoiac, obviously psychotic from a psychiatric point of view, is often freed by the judge and jury as not insane. In contradistinction, most psychiatrists emphasize the term psychosis and view that every individual suffering from a psychosis cannot be held accountable for any crime committed, it being presumed that such a crime is the result of an existing mental disorder. They will, however, wash their hands of the psychopathic individual and thus accord with the legal profession that he is legally responsible, though they will, unlike the lawyer, concede that he is mentally abnormal even if not suffering from a psychosis.

There is, however, a small group of psychiatrists whose conception of mental disorder is a much broader and more comprehensive one. Their teachings are subsumed under the heading of Criminal Psychopathology. They emphasize the emotional and more subtle psychic motivations rather than the more obvious gross mental disturbances. They regard neurotic behavior as much unconsciously motivated as the behavior of the psychotic while the so-called constitutional psychopath is viewed as an individual with an entirely abnormal mental and emotional constitution even if there be no psychosis and no unconscious motivation is uncovered. Hence, even though neither the neurotic nor the psychopath shows any obvious mental disturbances, in the sense of psychotics, they are viewed by this small group of psychiatrists as not being legally responsible for any crime they may commit. It is this view, the view of a small minority of psychiatrists, that I wish to present and defend.

II. *Psychoses and Crime*

From the earliest, the legal justification for a plea "not guilty by reason of insanity" was based on the symptoms of the major psychoses such as presented by delusions, hallucinations or excitement. It is, therefore, quite pertinent to begin our discussion with one such case.

Case One.—Walter Kerr is arrested on a charge of assault with a dangerous weapon. The attack appears to have been unprovoked and unpremeditated, the victim of the assault being a total stranger to the man. In the course of legal events the man would have been sentenced from five to ten years imprisonment though his intention was

murder. However, on interviews with the man, it is learned that the defendant was carrying out the act because he felt that he was being persecuted and his act was an attempt to thwart further persecution. We immediately recognize in him a clear case of insanity, and he is accordingly sent to a psychiatric institution. There he has remained for over twenty years and, because of the incurability of the condition, is likely to remain for the rest of his life.

By sending him to the hospital society has been spared further aggression from a man who is undoubtedly dangerous to others, if not to himself as well. He is not guilty and not responsible by reason of insanity, but that does not mean that he should be allowed to go scot-free. Comparing the protection society has been afforded by confining this man in a psychiatric institution with the limited sentence and imprisonment he might have suffered, it is evident that confinement in an institution is easily as safe, and more just as well, because it takes into consideration the motives of the behavior, the appreciation that we are dealing here with a mental disease and that no amount of punishment could cure his behavior. On the other hand, if the symptoms were not so obvious, the reaction not recognized as a disease, the man would have spent a certain time in prison and then have been freed with a certainty that he again will indulge in similar behavior, for punishment and segregation have no effect on behavior if the latter is motivated by instinctive impulse-like considerations. There are many larval and abortive cases of dementia praecox languishing in our prisons because of lack of psychiatric attention. Is it too much to ask that each prison should have a full-time psychiatrist, perhaps even a full psychiatric staff?

I have cited a rather extreme instance of a case of paranoid dementia praecox. The presence of psychosis here is so grossly obvious that even the most rabid judge and jury would offer no other disposition of the case than confinement in a psychiatric institution. But psychiatrists have now recognized that the so-called typical textbook case is by no means the rule and that for one typical case that comes to social attention, there are many other cases with symptoms that are ill-defined, so that exact diagnosis is difficult and often impossible. It is around such cases that expert testimony often rages; one group of experts seeing in the behavior of the defendant but a mild deviation from the normal, while the other side sees in the man many deviations, a totality which is psychosis.

There are many different types of psychoses, but there is no psychosis which may not furnish one or another type of criminal activity, essentially dependent on the mental disturbance. The case just cited belongs to the paranoid type. There are many other types of praecox that contribute to criminality; the simple

type who becomes a vagabond; the hebephrenic type who, because of mental deterioration, is forced to regress to a lower level of adaptation; the catatonic who may get himself involved in various difficulties that often culminate in murder. Then we have the many manic depressive psychoses in which very often we find disorderly conduct, as well as all sorts of petty crimes such as forging checks, including embezzlement of funds, because of heightened psychotic activity that does not allow the exercise of clear judgment. Further, we have the alcoholics who may commit murder because of the well-known jealousy and revenge reaction; the epileptic who in a fit or a substitute for a fit may exterminate the whole family; the organic brain disease who because of defective judgment is liable to commit any sort of crime against property, against morals and against persons, especially sexual crimes: as in the instance of encephalitis lethargica (sleeping sickness) and senile dementia who are given to sexually attacking small children. The contribution of psychosis to crime is very large, and we have hardly come to appreciate its full significance.

Obviously, in all these cases there cannot be any question of criminal responsibility, because with the disturbed mental state and defective judgment no individual can be held responsible for his acts.

Now, of course, not all insane people commit crimes. A large number are never given to any antisocial activity. Neither do all feeble-minded commit crimes. Many of them are docile and obedient, and the higher types of mental defectives form a stratum of our population upon which the more normal element depends. It is from their ranks that many of our laborers, charwomen, hod-carriers, etc., are recruited, and they form a very useful component of our society. But it is clear that when anyone of them gets involved in an antisocial activity, there can be no question of responsibility. Segregation and sequestration are the means we have to use to protect ourselves from them and to protect them, too. The main problem then is to recognize them. If it be true that neither an obvious case of insanity (psychosis) nor mental deficiency can be held responsible for criminal behavior, and if it be further true that many of these are not always easy of detection or easily recognizable as abnormal on superficial examination, then, obviously, society can best protect itself by examining every criminal psychiatrically before he is tried and sentenced for the purpose of detecting the abnormal type who may be sent to an appropriate psychiatric institution for care and treatment. As pointed out, society will be thus more

than protected while the defendant may get some measure of justice. The Briggs Law in Massachusetts does in a measure just this—and Maryland has a somewhat similar arrangement. The Colorado law provides that any prisoner on whose behalf a plea of insanity is entered must be sent to a psychiatric institution for observation. The time may come, I hope, when every prisoner will be considered insane unless proven otherwise.

III. *Mental Deficiency and Crime*

Mental defectives are not insane in the sense of psychoses, but their deviations from normal behavior are so great that they are regarded legally as insane. I will cite a case very fully.

Case Two.—Emma Sharp is a young white woman, age twenty-three, sentenced to fifteen months of imprisonment for forging an endorsement of a check. She comes from a very poor, almost destitute, home. She was the third in a fraternity of nine. Her parents and eight siblings are living. Her parents are almost destitute. Her father was a WPA worker, and living standards of the patient's family were very low. It was reported that the patient's early developmental environment was quite unwholesome because of poverty, lack of opportunity for training and education and very stern parents. Circumstances of birth were normal so far as is known. Because of very meager opportunities for education she has advanced only to the sixth grade, and she ran away from school and home at fifteen years of age. Patient never had any regular employment, having been employed only for a period of approximately one and a half years by a cousin as a domestic at the rate of seventy-five cents or a dollar per week (1932).

She married at sixteen years of age a man two years her senior who had a record of several arrests for drunkenness and prison sentences for forgery. The patient married as a matter of necessity, having been six months pregnant by her husband prior to her marriage. Patient has two children who are living and well, one age six and one eight years. She had three spontaneous abortions.

Of her habits she states that she has never attended church regularly nor belonged to any church and manifested very little interest in religion; has used tobacco, occasionally would take a drink but has never been drunk. For a period of three months she used heroine in crystal form but stopped using the drug when she was committed to the prison at Alderson, W. Va.

Patient had her first heterosexual experience extramaritally when thirteen years of age. She eventually married the man with whom she had relations and after approximately eight years of married life, patient's husband was again sentenced to prison on a charge of forgery. While he was in prison, the patient lived with another man as his paramour and prior to living with this man prostituted herself in order to obtain the necessities of life because of her financial destitution. As a result of her sexual promiscuity the patient contracted syphilis and has had two periods of anti-luetic therapy while sentenced to Women's Training School in Lansing, Kans.

Emma has an extensive anti-social history, having served two terms in a correctional institution at Lansing, Kans., having indulged in prostitution professionally and in July of 1938 having forged an endorsement on a check made out to her father, as a result of which she was convicted and sentenced to prison for a period of fifteen months at Alderson, W. Va. When questioned about her endorsement of the check, she admitted that this conduct was extremely poor judgment, but she needed the money. When asked as to what she did with the money, she replied she bought clothes for herself and her boy friend. Following this then she went home; her people became suspicious that she had forged her name on her father's check, and they called the authorities. When questioned about her previous police records, she made light of all this and did not think that her crime justified the sentence which she received, as the man with whom she was involved was not even arrested.

The patient has had no serious physical illnesses, no periods of previous mental illness. On physical examination she appears a well-developed, well-nourished white female, of somewhat stocky build, five feet two inches in height, 135 pounds in weight. She moves about rather slowly and speaks in a retarded listless fashion. She seems

to have difficulty in grasping instructions and creates the general impression of inferior intellectual endowment (she was diagnosed in the hospital as being mentally between mental deficiency and dull normal). Varicosities over the left hips. Numerous tiny scars over the cheeks, probably sites of pustules from a moderately severe case of acne. Moderate impairment of vision, approximately 20-30. Some evidence of dental caries. There is a moderate relaxation of the abdomen. Very moderate tenderness over both adnexae. Abdominal reflexes were elicited with difficulty. Gynecological examination is negative except for a moderate degree of leucorrhea.

Mental examination was characterized by quiet, cooperative behavior, occasional emotional responses which were inappropriate to the circumstances, some retardation of act and thought, impairment of attention and comprehension, very poor grasp of general information, immature judgment, inadequate insight and poor memory. She was oriented in all three spheres—for time, place and person—demonstrated no clear-cut abnormal trends of thought but believed that she had been persecuted and dealt with harshly by society in general. In her behavior she showed no initiative and was rather simple and naive in all her relations.

General Comment—So far, in the two cases presented, we are dealing with very obvious instances of criminality growing out of defective judgment whether this defective judgment is a result of a particular disease or an original defect. However, many cases are not so obvious. There are many instances of mental disease that do not appear, on the surface at least, as such. It requires a painstaking, careful psychiatric examination to recognize insanity in them. The study by Glueck of the inmates in Sing-Sing Prison in New York has revealed that a large number of individuals who were serving sentences for crimes committed were definitely mentally abnormal, though not obviously insane in the more superficial or obvious sense. It is these cases that often come to the attention of the court, and it is here where psychiatrists might differ. One psychiatrist may insist that the individual is legally responsible because he does not appear to be suffering from any obvious mental disease, while the other psychiatrist points out the presence of a very subtle yet, to him, definite evidence of mental deviation which in totality constitutes a mental disease. Whereas one psychiatrist will side with the law and say that the man knows the difference between right and wrong, the other psychiatrist will insist that although the man knows the difference between right and wrong intellectually, he is emotionally unable to choose it; and since emotions and impulses are recognized as the driving forces in our lives, it is evident that an individual who cannot choose right from wrong because of the presence of certain emotions cannot for practical purposes be held legally as able to choose right from wrong.

IV. *Neuroses and Crime*

Another group of psychiatric conditions which contribute a great deal to criminality is the neuroses. This is contrary to the generally held opinion which regards neurotic individuals as paragons of virtue. This, however, is a rather narrow concept

of neuroses. Broadly speaking, in neuroses there are no overt mental aberrations such as we see in psychoses, but, in general, the neurotic individual deviates from the normal in several important ways: One, the emotional life is lived at a higher keel than that of normal—that is, in psychiatric language, they show greater affectivity. They respond quickly and quantitatively to a greater degree than the normal to the same stimulus. Furthermore, these people have never been able to detach themselves adequately from influences of their early life, a situation which interferes with the present reality. Third, while their behavior may manifest itself largely by disturbances that seem to be purely emotional, in not inconsiderable cases the reactions become converted into particular physical reactions, which reactions then absorb the larger part of their life and problems. Thus, an individual who is subject to severe inner conflicts may suddenly develop stomach trouble, heart trouble, or any other physical disturbance, and these physical disturbances are nothing else than the old emotional conflicts converted into physical symptoms so that the patient absorbed in the physical reaction is unable to see its basic emotional aspects. There is, further, another type of conversion, but this one pertains not to converting emotional problems into physical problems, but rather to converting emotional problems into behavior which is expressive of the underlying conflict. Two good illustrations of this group are kleptomania and pyromania.

In kleptomaniacs, we have individuals who steal, but their stealing has a number of important differences from ordinary theft. For one thing, the purely predatory element present in common theft is lacking here. The subject steals not because of the value and the money he gets from the stolen articles—that is, not for their mercenary value—but entirely for what they mean to him emotionally and symbolically. One often observes this in rich women who have no need for the article they steal and, in point of actual fact, dispose of it almost immediately after the article has been stolen. While the symbolic nature of such stealing is often evident on the surface, we not infrequently come across cases of stealing the nature of which is not so obvious, so that one is puzzled to figure out whether we are dealing with kleptomania or ordinary theft. Many such cases are found in our prisons.

Case Three.—Let me cite the instance of a woman who was given to stealing small articles from various department stores. The history of the case reveals that two years previously she married a Navy officer who, she was assured, would remain on land for at least three years before he might have to go to sea duty. It turned out, however, that shortly after marriage the man was ordered to sea duty, a situation which the young woman found difficult to bear. Psychologically, it is much more difficult to bear a

privation when one has already partaken of some satisfaction than if one has never had it. This young woman found it difficult to adjust herself to sudden privation. As it often happens, she had been meeting men socially, and one man came along, whispered nice things into her ears about their being kindred souls, etc., and why not take love as it comes one's way, etc., etc. This stirred up a severe conflict in the young woman. Temptation was very strong, but her moral background did not permit such extra-marital indulgence. Neurotic-like, she solved the problem by yielding to a smaller temptation which was socially not so bad as the great temptation. She began to steal articles—that is, doing something prohibited symbolically representing a greater prohibition. She has invested the theft with the same emotional significance as she would have love and gratification had she yielded to the greater temptation. We can readily understand why after stealing the article she would immediately dispose of it: because the possession of the article brought guilt to her mind, the consciousness of having transgressed a social code. The theft, being substitutive in nature and only symptomatic of the basic situation, could never give satisfaction equal to the original satisfaction sought, which is the reason why she kept on indulging often in such behavior.

Another group of cases genetically closely related to kleptomania are the pyromaniacs. Although commonly cases of arson are considered as wilfully premeditated, and I have no doubt that some are, there are nevertheless found in this group some individuals who are unable to give any adequate material reason for setting fires beyond such statements as, "It just makes me feel better." The literature on the subject reports numerous cases of pyromania, and all the conclusions arrived at are that the pyromaniac is a neurotic individual to whom the setting of fires offers an emotional relief in the same way as neurotic symptoms in general offer relief. I have had several cases of this type under care, and on a more careful study of the material one is able to find that he is dealing here with individuals essentially hysterical in their makeup who, for various unconscious motives of revenge, jealousy, impotence, or what not, have resorted to setting fires as a means of releasing unbearable emotional tension. I shall cite one such case.

Case Four.—This case concerns a 47-year-old male under indictment for arson.

1. *The Background.*—Physical findings negative. Heredity negative except for history of excessive alcoholism in two maternal uncles. Parents are living. Patient is the oldest of nine children. All the remaining children were girls except the last who was a boy who is now married and has several children. Two sisters died in early childhood. The living sisters have all married and two of them have children. The patient has never married.

Patient began school at six years of age and went through the eighth grade at fifteen, but then left school because he had to repeat the eighth grade. He also had to repeat the fourth grade. Both the patients and two of his sisters maintain that there was nothing unusual about his childhood. He says that he was rather mischievous in school and played truant a good deal.

He has worked as a floor boy, shipping clerk, truck driver, route agent, collector, etc. He appears to have held all positions for reasonably long periods. He was fired from one job, after repeated warnings, because of his drinking, and lost several others for the same reason.

Patient has drunk since he was nineteen until seven years ago, when he stopped completely. His sisters say that he took to drinking when a girl to whom he was engaged broke their engagement and ran off with another man; that he drank to excess for approximately twenty years, during which period he was drunk nearly every night. Patient says he was arrested at least six times for intoxication. It is of interest to note here that for years he was a regular patron of burlesque shows and had a seat for a year reserved in advance.

He was initiated into masturbation at the age of eleven or twelve by other boys; had his first heterosexual experience at eighteen. He says that he would visit prostitutes whenever he was paid.

For seven years preceding his arrest and subsequent admission to the hospital, patient was employed as a loader for a furniture company, working in their warehouse and during this time he has been responsible for four fires, although he insists that all of them were unintentional. His sisters state that on numerous occasions he has set fire to himself; that he has frequently gone to bed and fallen asleep with a lighted cigarette in his mouth.

2. *Onset of the Reaction.*—The patient's sisters claim that a certain personality change took place about five years before following the marriage of the youngest sister to a man of whom the patient disapproved and with whom he would not thereafter have anything to do. The sisters state that the patient then avoided the other members of the family, would not eat at home, would spend all his time in his room where he would read or write down columns of figures or stare into space. They attribute part of the change to his giving up alcohol.

The circumstances of his arrest and commitment are not narrated. He was declared of unsound mind by a jury on Nov. 21, 1930, and admitted to St. Elizabeth's on Dec. 2.

3. *Course of the Reaction.*—On admission he was quite well behaved and quiet, correctly oriented, denied hallucinations or delusions of any kind. When questioned about the fires he became a bit fidgety, hesitant and vocally tremulous. He insisted that the fires were all accidental and due entirely to carelessness, and he denied all interest in fires as such or that he ever got any thrill out of seeing them.

The psychologist described him as entirely lacking in appreciation of the seriousness of his offenses, and found certain peculiarities in connection with memory tests, which suggested a deteriorating process of some kind. Neurological examination was negative.

He continued through the next four months to make a satisfactory hospital adjustment except that he consistently refused to do any work, although he was never disagreeable about this and created no behavior difficulties.

He was discharged to his own custody, word having been received that no charges were pending against him.

Comments—On the face of it, the assumption that a man could unintentionally set four fires appears untenable. Carelessness and defective judgment might be responsible for one fire, but certainly not four. On the other hand, it seems to be reasonably certain that the patient did not consciously set these fires or cause them by malice aforethought. But he repeatedly did careless things which reasonable forethought would have told him might cause a fire. The mechanism at work seems to be very similar to that employed in the purposive accident of the near suicide. These fires were caused "accidentally on purpose"—the purpose part of the situation representing an unconscious impulsive action by the patient.

What the unconscious motive was we cannot say, but there are certain factors in the case which point clearly to a neurotic disturbance.

Patient has five living sister, all of whom are married, and to the marriage of each of which the patient objected. His objection to the marriage of the youngest sister was especially marked. He would have nothing to do with her husband, and after her marriage he would not speak to the other members of his family, would not eat at home, shut himself in his room and

constantly occupied himself with figures connected with raffles, etc.

Patient never married and apparently never had heterosexual relations with other than prostitutes, although in his youth he had suffered bitter disillusionment when a girl to whom he was engaged to be married ran off and married another man. It was after this that he began to drink to excess for nearly twenty years. It looks as though he has ever since sought vengeance for being jilted; that he has relegated all women to the prostitute level except his sisters who, alone, represented some spiritual quality but to whose marriages he could never consent since his own marriage had been frustrated and since the marriage of his sisters would take them away from him.

There is mention of "frightful dreams" in the City Hospital abstract with strong anxiety content and suggestion of inhibited impulses.

Exactly what part fire plays in this situation is not clear, nor is there any conscious interest in fire in the patient's history. It would seem, however, that the unconscious causing of a fire, with its subsequent destruction of property, satisfied a revenge motive of which, of course, the patient has no conscious knowledge.

This is certainly a case of psychoneurosis. To what extent alcoholism may enter into the picture would be difficult to state, but there was a clearly developed neurotic mechanism before the alcoholism ever started.

The type of cases mentioned do not, by any means, exhaust the range of neurotic criminality. There are many cases whose causality is very deep seated and goes considerably beyond what we ordinarily find in kleptomania and pyromania.

Case Five.—K. D. is an adult white male who is arrested on charge of burglary, having been caught in an apartment house with some loot in his hands. Tried and convicted, he is given a sentence of several years and is freed on the expiration of his sentence. Apparently, the imprisonment did not do him the good intended, for it was only a few months later that he again had to stand trial on an identical charge. We must cut the account short by the statement that he served a number of sentences, apparently not having profited in the least by the several confinements, as is, for that matter the case with most criminals. During the last imprisonment, having heard that St. Elizabeth's was an easy place, he malingered insanity—so he says at least—and transferred to St. Elizabeths. There we secured from him some very revealing data which totally escaped the police, the judge and even the Municipal Psychopath Hospital. We learn that his burglary was of a highly specific, very limited type. Never would he go to the apartment of families but only where several women lived alone. Neither was he concerned primarily with mercenary gain, although he would take money when he found it. His prime concern—and that for which he made the most search—was female intimate garments, which he used later for masturbation purposes. He is, in other words, a fetishist, and we are dealing here with an instance of fetishistic kleptomania. He belongs to the group of people whose sex life has been early detoured into abnormal channels and whose main or sole sexual release is through such channels. Years ago he tried to make a heterosexual adjustment but was unsuccessful; neither could he adapt himself to marriage, and his wife soon divorced him against his will.

We can now understand why the repeated sentences failed to do him any good. Sex is a powerful instinctive drive and must find its release, obstacles and dangers notwithstanding. His particular form of sexual satisfaction is fetishistic-masturbation, and his burglary therefore has the same instinctual psychogenic significance as the sexual instinct itself. It is useless to punish him for the crime, for he will obviously repeat as soon as released. Sentence or no sentence, he is going to keep on and continue this type of criminal activity as long as the sex drive is in him. What he needs is psychotherapeutic attention, confinement as long as he is not well and release from confinement when he has gained sufficient insight to insure that there is not likely to be a repetition of the offense. We do not sentence a case of typhoid fever to a definite number of days in a hospital; neither, therefore, is there any justification to sentence a criminal if his criminality is the result of mental abnormality. And just as public health would not release, but indeed quarantine, a typhoid carrier, even though the individual is wholly ignorant of the danger he carries, so would psychiatry insist that the individual offender be confined in a hospital indefinitely until cured, even if the criminal offense be a minor one.

Here you have an individual who on a mental examination appears normal, and who, for a living as it were, is engaged in a mercenary type of crime. A study of the case reveals the behavior as having a definitely sexual motivation, though entirely unconscious.

There are further cases which are not of obvious psychic or sexual etiology, but appear to be strictly psychopathic in nature—hard-boiled, habitual criminality; yet, a careful lifelong study of such cases reveals undoubted psychogenesis.

*Case Six.*¹—Let us take for illustration a man who has had a criminal career as long as Coxey's Army. I can give here but the merest abstract of a case already published in detail. It is safe to say that for every jail sentence this man has served there are at least a dozen more that he managed to escape. He successfully malingered every type of insanity, depending on the occasion, and has fooled many experienced psychiatrists. Everywhere the diagnosis was constitutional psychopathy. It is beyond him to engage in productive labor for the compensation derived from the same is wholly insufficient for his purposes. He must have a lot of money to indulge his precious ego, and this money cannot be gotten except by thefts, swindling, and cheating. I have spent over a year with him and have found the following, which is the very briefest abstract of the case that itself runs into hundreds of pages. The material was also checked up from different sources. The hereditary background appears to be fairly clear. He was a premature baby, weighing at birth three and a half pounds, always delicate and much underweight during the childhood years, requiring so much care and attention that the craving and seeking for the same has in the end become a permanent personality trait; in later life we often find him playing sickly, seeking help and otherwise constantly craving attention. When a personality is in immediate danger, the development of proper social attitudes is blocked by the instincts which demand a more immediate satisfaction. This and the fact that he was the center of

¹ See the author's "Individual Criminal," 1935, Case No. 5.

attention for years have accentuated the egoistic tendencies to a pathological degree. Maternal overprotection has contributed greatly to emotional dependence and a conservative sex life. Because of retarded development he has, from earliest years, felt himself neither able nor willing to take part in normal daily activities, so that on growing up, even when he was already physically at par, he lacked the normal healthy attitude toward reality. As a lateral consequence of this invalidism and the patient's inability to meet adequately the realities of life, he has come to require long periods of rest. These psychic traits, largely an outgrowth of stunted development have continued for so long that they have become fixed into habitual modes of expression.

Obligated because of retarded development to begin school life at a much later period than normally, he was now confronted by a new factor—stammering—which has caused him great anguish because of the attendant ridicule on the part of schoolmates and his consequent feeling of humiliation. It made him lose faith in himself, made him still more sensitive and emotionally liable, causing him to withdraw from the company of playmates. Out of this feeling of aloneness, inferiority and insecurity, there arose, as a more conspicuous reaction, a growing phantasy formation in which he sought escape to neutralize the hurt he felt to his ego; it served both as a compensation and a protection against unpleasant reality. Socially, this escape from reality was manifested by truancy from school; our boy began spending his time in reading the biographies of rich and accomplished men whom he wished to emulate. The collection of street car transfers was a symbol of money and an expression of his drive toward the goal of great achievement. He began to live more and more in phantasy, mainly megalomaniac in character, which of necessity was the expense of reality, and interfered with normal adjustment.

In order to make his truancy effective, he had to practice his first deceit before his parents; taking his father's watch without permission was the next in order. When, in spite of attempts to escape humiliation, the tension in school became greater and finally unbearable, he stole his father's watch and with the little money realized from the sale therefrom made an unsuccessful attempt to run away. This only made him in the light of not-understanding parents and teachers an incorrigible child. The consequences of this was a period in a reform school and a fixed conviction on his part that he could never accomplish his ambitions at home.

Home was thus a good place to be away from, while the outside world lured him with its promises of wealth and greatness and the hope of realizing his childhood ambitions. With the declaration of war, unable to join the Army regularly because of his youth, he managed to steal into the ranks and thus became a last-hour participant in World War I. Thereafter, we find him traveling almost aimlessly all over the States in search of impossible ambitions and successes, posing as a war-scarred veteran on the basis of which he would receive gratuities and attention to which he was not entitled; unable to temper ambition with judgment and never putting forth enough energy to accomplish something worth while that would be in line with his childhood phantasies, but on the contrary, indulging in phantasies and make-believe actions that would only seem to make the phantasies real. The very indulgence in phantasying would absorb so much of his energy that little was left for actual accomplishment, thus establishing a vicious circle and defeating the original purpose. His original mental equipment was insufficient to realize the ambitions he set for himself; the intrusion of phantasy interfered with what success he might have had otherwise, the result being that at best he could lead only a marginal existence. As the money earned was not sufficient to satisfy the needs that accorded with the demands of his phantasy when the pressure for phantasy realization would become strong, it sought vicarious expression through predatory crimes that would temporarily satisfy the phantasy. The possession of money would further provide him with an opportunity to rest and indulge in idle phantasying. After this would come a lull in activity, but it would be brief, and as the phantasy pressure would become great again, another predatory experience or some other anti-social method of obtaining money would be resorted to. Legal consequences of the acts were avoided by resorting to simulation of insanity, an evidence of lack of guilt and an ethical sense dulled by primary consideration of egoistic needs.

Comments—In the case of this patient, phantasy outweighed reality. The predominance of phantasy in his life was evidenced by the presence of a variety of dissociated states, of which absent-mindedness was the most conspicuous and frequent, and the extent of his dissociation was an index to his phantasy ab-

sorption. In the case of this young man whose predatory assaults on society have been large and varied, we find a fitting illustration of the influence of phantasy as a stimulus to crime in order to realize the phantasy. The early antisocial acts originating in childhood situations appeared as inevitable consequences of conditions in the shaping of which our boy took no willing part. They represented hysterical attempts to escape painful situations and by the same token, always led to further and more difficult involvements. Thereafter, the antisocial reactions were sought of their own accord to satisfy an indulgent phantasy life.

Yet, superficially, his criminality cannot be, and for that matter was not, differentiated from that of a psychopath. He is essentially of the swindler type, profiting by his lies. But where immediate material benefit is the psychopath's main concern—and so it seems superficially in this case—a closer study of the situation reveals it to be somewhat different in our patient. When he cashes a bogus check, he gets satisfaction from being thought clever, a tendency which he shows even in other social relations, as when he speaks of himself as being an excellent salesman, mechanic and what not. He steals that he may dress well and look like a prosperous man, giving an outlet to his megalomaniac phantasies, which is not a psychopathic reaction. He is superficially a psychopath but fundamentally a neurotic.

The case thus suggests that criminality may appear on a hereditarily clear background; and it also illustrates that personality traits, commonly regarded as ingrained and constitutional, may be equally environmentally conditioned, at first persisting because of the operation of certain conditioning factors and later, becoming fixed, continue to operate, even when the original factors have disappeared.

The case just cited is one which does not appear to be of sexual origin, whereas cases of kleptomania and pyromania have a strong sexual coloring. I now cite a case which is clearly sexual, not only in its surface expression, but in its basic etiology as well. By the presence of unconsciously motivated psychological reactions, it reveals itself as a neurosis.

Case Seven.—It concerns an intelligent, young, white male, age twenty-six, a clerk by occupation who a few years ago changed his occupation to that of peddling from house to house. It appears that he would come to a house, knock at the door, and if a man or woman answered the bell he would, of course, try to sell his wares. But every now and then the people of the house would be out, and a little girl would answer the bell. When told by the little girl that her folks were out, he would ask to be allowed to come into the house and wait for them. Then a short time after entering the house, he would rape the little girl. He was finally arrested by the authorities and faced capital punishment. A clever lawyer defending him made a plea of insanity. He was examined and the report was made that he was a mental defective, which I am sure

he was not. At any rate, he was sent to an institution for mental defectives for care and treatment, where he remained about a year, at the end of which time he seemed to have made a miraculous recovery from his mental deficiency, and the lawyer took him out on habeas corpus proceedings. However, it was not long after his discharge that he got into trouble again on the same charge, the previous lesson of facing capital punishment apparently not having been of profit to him. The lawyer again interfered, but this time the authorities refused to be hoodwinked any more. Finally a compromise was effected by which the man was to leave the state for good or else he would definitely face the electric chair; whereupon the young man transported himself to Washington where he began to indulge in these activities until arrested. With a previous record of having been in a hospital for mental defectives, he was transferred to St. Elizabeths Hospital; although on the surface he presented no symptoms of insanity recognized as such. At St. Elizabeths he came under my care, and a careful and intimate study of the case was made. The impulse to attack little girls, which was recognized as pedophilia, was traced to a number of early childhood situations, and with the insight gained and the material having become conscious, it did not seem that the man would repeat the offense. Subsequent behavior justified our expectations. The last reports after discharge are to the effect there has been no repetition of the offense, nor was there any desire to do so, in spite of the fact of being free for a number of years with all the opportunity to repeat his past actions.

Comments—The case demonstrates very clearly that the individual may not be insane in the accepted sense of the term as showing delusions, hallucinations, or other obvious evidences of mental aberrations and yet be driven to indulge in a certain behavior and commit certain acts for which he is no more responsible than the insane is responsible for his delusions and which, for practical purposes, is insanity. The present case is one of pedophilia—sexual attraction toward children. We are dealing here with the instance of a man who for a number of years has persisted in a particularly revolting type of antisocial behavior, faced capital and other punishments, and yet was not deterred by these from indulging in this behavior. It thus suggests that we are dealing with a type of behavior which was predicated on instinctive impulsive drives over which the individual has no conscious control. Because of the so-called wave of sex crimes and the interest it has assumed in the popular mind, I may enlarge this case to include all the cases where sexual behavior figures as a motive in the etiology. I have already mentioned fetishism. One knows cases of incest, exhibitionism, peeping, which are not so infrequent, lust-mord, etc. Included in this group are the flagellants, a variety of sado-masochism which the post office authorities have so much trouble with, as well as a large number of not-so-well-known sexual criminal behavior.

V. *The Sexual Criminal*

There is little doubt that sexuality enters as an etiological factor in many criminal cases. Even more serious crimes like murder may have directly or indirectly a sexual root: Under the general heading of crimes against public morals, the law includes

homo-sexual offenses, incest, contributing to the delinquencies of minors, bigamy, rape, etc. Properly, these crimes belong to the clinical groups already mentioned, as in the case of rape cited, but there is a practical justification, because of their importance, to give them consideration as a separate group. It might be stated that not infrequently two types of crime may be associated, as a sexual crime and a crime against person (rape and murder), sexual crime and theft, etc.

Case Eight—Our record case concerns an adult colored male, J. S., of mixed Mexican and Indian blood, serving a life sentence for rape and murder.

Background—His father was a Baptist minister and, according to the patient was very cruel to his mother. They separated when the patient was fourteen years of age. Patient's sister is said to be epileptic. Patient was born on March 23, 1900. Birth and early development contain nothing of significance. He received an eighth-grade education. In 1914 he joined the army, remaining there until 1920 when he was court-martialled and sent to Leavenworth Prison for one year of larceny. After his release from Leavenworth, he came to Washington where he has been for the most part ever since. During this period of time he has done chiefly janitor work. While in the army the patient acquired both gonorrhea and chancre for which he received some treatment. He is a moderate drinker.

Patient was married in 1932, and his wife left him about one year later. He married again in 1934 without obtaining a divorce and in 1935 was arrested for bigamy. This charge was dropped when it was discovered that he was wanted for murder.

Criminality—Patient has a rather long prison record. Besides the prison term already mentioned, patient served three months in the Workhouse in 1933. He was also arrested on March 16, 1934, charged with assault with a dangerous weapon; no disposition given. Patient's story is that on this occasion he had a fight with another colored man who had insulted his wife, and patient attacked this person with a knife. He stated this was on a Christmas Eve and the judge let him go. Next he was arrested on June 4, 1934, and charged with carrying a dangerous weapon and making threats. Patient was sentenced to ninety days on the first charge, but he was released on the second charge. Next we hear from him as having been arrested on the charge of bigamy already mentioned. Again arrested a year later on a charge of bigamy and rape. Held for Grand Jury on \$5,000 bond for each charge. He was found guilty by a jury on October 29, 1936, and was sentenced to the penitentiary for a period of about five to seven years on November 6, 1936. It appears that the defendant came to the house of Mrs. Martha C. and asked to be allowed in to get some clothes which he claims to have left with the owner of the house, Mrs. Mary E., who was ill at the hospital. Upon being admitted to the hallway, first floor, the defendant threw the complainant to the floor and raped her. Defendant fled through the rear door and disappeared through an alley. Complainant positively identified defendant in police lineup.

The next and last arrest on March 1, 1937, when he was charged with rape and second degree murder. He was sentenced to life imprisonment on the murder charge. Information concerning the murder and rape charge is as follows: On April 10, 1935, the defendant went to the house of the deceased, Mrs. D., colored, from whom he rented a room. Early the next morning Mrs. D. borrowed a pillow slip from Ethel S. and that was the last time Mr. D. was seen alive. Later that day Ethel S. observed the defendant pass the house, speak to a colored woman and turn and run southward. Ethel S. notified the police. The police broke down the door and found Mrs. D. on the bed dead. Death was due to strangulation, and evidence showed the deceased had been criminally assaulted.

In Prison—In prison the patient apparently made good adjustment for a time. However, it was noted that he appeared seclusive, did not mingle with the other workers and frequently requested information as to the suitability of his work and whether other men were reporting him for inefficiency or otherwise trying to get him "in bad." On September 12, 1938, without provocation, he assaulted an orderly with a knife. J. S. claimed that the men, including the orderly, were talking about him continually. He stated that this had been going on for some time, and he had equipped himself with a knife to protect himself from some unseen force, individual or individuals who were trying to harm him. The patient was placed in maximum

custody. Under observation he was sullen, irritable and subject to periods of marked depression. He insisted that he be transferred to some other institution, because he "couldn't make it there," and implied serious consequences if his wishes were not complied with. For that reason he was not permitted to work with other inmates and was given exercise periods by himself. The prison physician thought the man to be psychotic and recommended transfer to St. Elizabeths Hospital.

At St. Elizabeths—The physical examination revealed a large, well nourished colored male, age 39. Patient was not very cooperative and would not relax. "He holds his lower extremities as rigid as iron. The right pupil is larger than the left. It is a little irregular, and neither pupil reacts to light and accommodation. Small scar on the glans penis, probably result of the chancre which the patient had in 1917. There is also a scar from a bubo. Right knee jerk somewhat diminished. Abdominals could not be elicited. Spinal fluid not obtained because of lack of cooperation. The rest of the examination was negative."

On interview at St. Elizabeths, when questioned about the last two charges of rape and the charge of murder, he would not talk very much about either of the crimes, of the sentences or very much about his reaction to prison life. The first year he was in prison he got along all right; then he got into a fight with one of the inmates and drew a knife on him. He stated that the man used to pass by his bed and spit in his face; the man would also go to the toilet, use the toilet paper, then come back and throw it on the patient's bed. The reason this prisoner abused the patient was because he was a new man, had very little to say, and this inmate came around to see what kind of a fellow he was. After this fight, patient was put in a cell block and kept there for a whole year. He does not know why they kept him there for such a long period and states that other prisoners who committed more serious offenses were only kept in the cell block for two months. He remained in the cell block until he was transferred here. During all that time he never had any association with the other prisoners. The man with whom he had a fight had a gang, two other fellows, who used to encourage him. Patient insisted that he did not act peculiar in any way while he was in the cell block, that he was very quiet and read most of the time. He used to hear whisperings at night. He stated that they were talking about him, but he did not know whether it was good or bad. He insisted that they were not imaginary voices but that he heard the guards and others talking about him. He felt that the prisoners and the authorities in prison were trying to ride him. He explained this discrimination against him on the basis that he had a serious charge against him, did not have much to say, and that they got the impression that he was "worse than the others." He felt that the prison authorities just misjudged him, so he did not have very much to say. He said, "I figure that a person who does not have very much to say is more honest than others that talk a lot who may be trying to cover up all his dirt."

Questioned on subjects which did not relate to his anti-social behavior tendencies he spoke quite freely, and his replies were prompt, relevant and coherent. He denied guilt of the last two charges but informed the examiner that he did not wish to discuss them because he was trying to forget. Even before these two serious charges, he admitted a number of arrests, mostly for fighting, but said they were mainly of a defensive character, intimating that he did not think that they were anything unusual and that he thought it was perfectly normal and natural for a man to defend himself. He did not admit that there was anything wrong with his mind and denied that his behavior while in jail was such as to justify the notion there was anything wrong with his mind.

At this he had complaints of his treatment at this hospital. When one of the physicians of the service tried to point out to him occasions when he was somewhat uncooperative with the attendants, J. S. showed considerable tension and irritability and told the physician that the latter did not present his case in a favorable light. Cross-examination did not bring out anything actively psychotic. It was thought that this patient was always a rather aggressive and rigid personality with marked belligerent propensities and that confinement in prison merely accentuated these traits. The suggestion was made that the patient may have suffered from some depression as a result of confinement, but against this is the fact that he had previously been confined for various charges and this was not an unusual environment for him. It was also suggested that efforts be made to obtain information about this patient from his wife or other outside sources, such as his former employers, etc., concerning his personality and traits prior to his last arrest; however, no friend or relative appeared.

At the next interview, the patient was clear mentally and answered questions coherently. However, some of his formulations were difficult to follow. He projected all his difficulties onto his environment, and his rationalizations were at times superficial. He admitted five or six arrests for fighting and arrests for bigamy and carry-

ing concealed weapons. When questioned concerning his recent conviction when he received a life sentence, he became irritable, refused to discuss the situation and talked at length and loudly in defense of his conduct, stating that he was an innocent man, had been wrongly convicted, was serving a life sentence, and he refused to discuss the question further. He inquired of the examiner if he (the patient) was being tried again and questioned the examiner's authority to interrogate him concerning his past criminal record. In each of his fights the patient claims that he was defending himself, protecting his own rights, etc., and that his opponents were the aggressors. The patient was quite irritable throughout the interview, and at times his emotional reaction suggested rage. He denied emphatically that he had ever threatened anybody; however, when questioned closely, he admitted that he had told the physicians here he would kill someone if transferred back to the first prison but wished to obtain a transfer to Leavenworth Federal Prison, which place he already knows having served there his first sentence in 1921. Patient was accordingly transferred to Leavenworth Prison.

Comments—There are in our prisons many abnormal personalities of the type presented by J. S., and it is unfortunate that we know so little of them, especially their sexual psychopathology. Nothing is known of this patient's early life except that he states his father was cruel to his mother and that he used to hate to see them fight for fear he might hurt his father if the latter did any harm to his mother. He admits, however, that he never actually saw his father strike his mother but only that they used to quarrel a lot. It would seem, therefore, that his emotional reaction was predicated rather upon Oedipus feeling than upon a factual situation. Did the suppressed rage of that period find expression in his subsequent homicidal attacks?

When he was fourteen his parents separated, and he left home. We do not know what became of the parents or when he last saw them, although it appears that he did see his mother for the last time following his return from France after the Armistice and that for many years he believed his mother to be dead because his sister told him so. He claims also to have corresponded with his father, who never told him that his mother was alive. If these statements are true, they would seem to indicate that he was objectionable to his family in some way not disclosed by the meager information obtained.

In 1932 he married a woman who left him a year later. Why? He says that she went home to see her people one day and never returned—an unlikely story. What was there about him that she could not put up with? His second wife is the result of a bigamous marriage. There is no information about her except that he says he told her not to come to see him anymore in prison, "because it is so hard to see her go." Is this true, or did he develop some delusional ideas concerning her? In all of this one gets the impression that not all was quite right with his sexual life. A normal individual does not find it necessary to resort to violence in order to secure sexual gratification. The very use of violence suggests an inability to adapt to the oppo-

site sex and engage in normal courting. The woman must be subdued instead of being courted and won over. Too, in some highly pathological individuals charged with a great deal of sadism the very use of force in itself becomes a condition for securing orgasmic satisfaction. That this may have been the case with J. S. is suggested by his antisocial behavior, associability, hostility and violent reaction in other interpersonal relations.

In 1920 he was dishonorably discharged from the Army for an attack on a fellow soldier with a knife. Knives have figured in all of his subsequent arrests, except those for rape, either as a means of actual assault or as concealed weapons. He says that when he gets mad, he loses control of himself and does not know or care what he is doing. Did this convulsive-like anger earn him the harsh treatment which he claims to have received in jail, or is this treatment exaggerated by the patient in accordance with persecutory delusions? Both the hallucinatory experience and the ideas of reference appear to be situational in character, but the ease with which they develop suggest an extremely pathological soil.

His aggressiveness on the ward, irrespective of whether or not he was personally concerned in a quarrel, would seem to indicate the presence of a large reservoir of hostility expressed in assaults and rages, with which he reacts on the least provocation or excuse. This may have a relation to his sister who was said to have epilepsy. Following a conference presentation, he refused dinner, was excited and declared that if he had a dose of poison, he would take it. The man would certainly appear to be the victim of some undetermined disease factor which is responsible for his uncontrollable rages, his doubtful sexuality and his unprovoked assaults on women. The circumstances of the two criminal assaults, one involving murder, do not suggest premeditation, but rather a spontaneous uprush of suppressed fury, as a result of being resisted in his attempts at rape. In order to determine this, however, one would have to know whether his reasons for gaining entrance to the two houses were legitimate or manufactured. It appears that at the first house he actually rented a room. Was this solely for the purpose of gaining access to the women whom he subsequently raped and strangled? At the second house he claimed to have left certain personal property with the landlady. Had he in fact done so, and, if so, was it with the idea of subsequently gaining access to the house with intent to commit rape? Is rape his preferred form of sexual approach and have most of his sexual relations

involved various degrees of violence? There seems to be no satisfactory answer to these questions, but the man's behavior is suggestive of some fundamental irregularity in which abnormal sexuality and sadism play a large part.

VI. *The Psychopathic Criminal*

Much has already been made of a number of individuals who by their behavior have given quite definite evidence of belonging to the group commonly called psychopath. As we have gone on with our studies, it was often revealed that for all their psychopathic behavior, there was always a cause behind, a cause which clearly is psychogenic, for which reason, if we are to keep the term psychopathy in connection with these cases, it is best to speak of them as symptomatic or secondary psychopathy, meaning thereby that the so-called psychopathic behavior is only secondary to some other etiology which is primary. (Note particularly Case Six cited above.)

On the other hand, one does not go along far in the study of criminal behavior before he comes across cases of psychopathic reactions which, no matter how much one tries to trace the psychological origin, finds him at an impasse. There just does not seem to be any psychogenesis, although we are able to discover some psychodynamics. Because of our inability to find psychogenic conditioning factors in such cases, it is permissible to speak of this as the primary or essential psychopathy. I shall cite one such case.

Case Nine—This case concerns a thirty-five-year-old man whose heredity is unimportant. From the earliest he has been a very difficult child to handle. He could not stand the least privation, to which he would react violently. Nothing was brought out in the environment to show the operation of psychogenic factors—such as fixations, over-protection or rejection. Though many people, members of the family and strangers as well, have done a great deal for him, he has never shown the least appreciation or gratitude.

He has been delinquent from as far back as he could remember, taking things from others without thought of consequences or feelings of remorse, and apparently wholly unable to profit by experience, training or punishment. He never lived for more than the immediate moment, taking no heed of the past nor reflecting on the future. In spite of all training given, it was impossible to inculcate in him conceptions of right and wrong. He hardly knows it intellectually, nor is he able to choose it emotionally. He was thus easily led into a life of crime, and he spent the major part of his life since the age of ten in reformatories, jails, prisons and hospitals.

His sex life parallels his life in general and suggests the same lack of organization and control, and obedience only to the law of self-gratification. It was mainly on a heterosexual plane, but almost any female would do, and perversions were readily resorted to in case of privation or in prison. He has the same parasitic attitude in sex as in other life relations. The sexual partner never means to him more than merely a means to an end, someone to minister to his needs. The more a woman can satisfy his needs, the more he likes her; that over, he has no further use of her. As in everything else, he indulges in sex to excess to the point of exhaustion; there is complete lack of restraint.

Emotions, especially antipathic emotions, were easily aroused in him, but for all their strength were short-lived and not deep-seated. The man shows a remarkably

simple emotional organization. There is nothing in him of the complex and varied emotional life of the normal and the neurotic. His phantasy and dream life, it is learned, is of exceedingly simple and primitive character concerned mainly with wants and needs and lacks the complex fabric found in neuroses and psychoses.

The study of the personality structure revealed a number of important features, such as: (a) Lack of conditioned affection. No evidence of any positive and generous human emotions, of sympathetic or tender affect, of gratitude or appreciation for what has been done for him, no ability whatever to sacrifice himself for others. No evidence of any life goal except only living for himself and for the moment. (b) The total absence of an Oedipal reaction, one of the most striking features revealed by the study of the case. His mother, in spite of all the sacrifices she made for him, was to him no more than another member of his environment—someone who would give or do things for him. The brother was useful only in helping him out of trouble. (c) Lack of guilt, remorse or regret for things done. There is virtually a complete lack of conscience except that he showed some, albeit minor, reaction to adverse public opinion, and this probably because it affected his security. (d) Virtual lack of unconscious mechanisms, if such a thing is conceivable. He is all instinct and response; he does not know the meaning of deferred pleasure; there is no repression and no unconscious conflict. Conflict is experienced only at the conscious level, when meeting obstacles. As he cannot get into affective contact with others, he does not know the meaning of identification, introjection, differentiation, transference or other mechanisms that are so abundantly displayed in normal, neurotic and other people. In a life that is lived on a simple, primitive plane, there is little opportunity for symbolization. (e) While the general level of intelligence is that of normal, or above, the details show a great many irregularities. Normal judgment and other higher functions are interfered with by the continuous intrusion of primitive instincts that brooks no opposition. The mental organization is not merely savage and primitive but closer to the animal; indeed, individuals of this type are little more than animals in human form. There is, further, a lack of insight. It is not merely the obscuring of insight by emotional drives, as in the case of normal or neurotic individuals, but a complete lack.

As regards the treatment of the case, against all expectations, the therapeutic efforts seemed not to have been entirely fruitless, as the man appears to have been able to maintain himself after leaving the hospital without getting into trouble for eight years, by many times the longest period in his life. This, in the author's opinion, provides the hope that such individuals may profit by treatment, even if to a limited degree, especially if they are put in a protected and sheltered environment that recognizes their basic traits.

The conclusion that may be drawn from this case is that these people are profoundly abnormal, as abnormal as any case of neurosis or psychosis could be. They should, therefore, not be sent to prison but confined definitely in a psychiatric institution.

Here we are dealing with individuals whose behavior, on the surface, bears no resemblance either to the neurotic or the psychotic. Quite frequently they get themselves involved in all sorts of conflicts with law. They are recognized by us by certain fairly well-outlined characteristics—such as, extreme selfishness and utter lack of personal and social responsibility, inability to effect binding emotions, an utter inability to make any sacrifice for anyone or anything; they never give more but always less than they expect to get in return. They are individuals who are always at the receiving end of the line. The more capable among them are found among our friends and everyday acquaintances. They have no sense of social value, no appreciation of morality or ethics. They have, at one time, been designated as moral imbeciles. Considering this group of

traits as given, it is surprising, not how many of them get involved in conflicts with the law, but how many escape. To the psychiatrist they have always presented a problem, for they are a difficult lot to handle, although they are very easy to get along with once they make up their minds that it would be to their benefit to get along and not to create a disturbance. Though psychoses and neuroses have long yielded to the elucidation of some basic psychic mechanisms back of the aberrant reactions, the above described disease or psychopathy still awaits our understanding. We know of no psychic background upon which we could predicate this very odd anti-social behavior. However, if one is patient and is willing to spend a great deal of time and effort working with them—and admittedly, they are a most difficult and untrustworthy type of patient to work with—if very persistent efforts are made, some light may be got on their inner psychic life.

Summary and Conclusions

Let me now sum up the situation. Nosologically, the cases presented fall into the following psychiatric groupings: psychosis, mental deficiency, neurosis, and psychopathy, which in essence comprise the fundamental psychiatric reaction types. What is the relation of the various clinical types to crimes listed on the calendar of criminal law—namely, crime against person, property or morality? There is no offense that is exclusive of any group. In the group of mental defectives may be found burglars, robbers, sexual offenders and murderers; just as neuroses, psychoses, psychopathies and other psychiatric clinical entities also provide all types of crimes. But the consideration of the criminal in terms of the psychiatric grouping to which he belongs is superior to judging him merely on the basis of his legal crime, for it provides a better opportunity to study his motivations.

While I have given very clear and unmistakable cases, there are many others among prisoners displaying behavior reactions that are perhaps not so obvious yet, with little study, could undoubtedly be put into one of these groups. Dr. Bernard Glueck's careful study of the presumably normal prisoners in Sing-Sing has already been mentioned. It has uncovered among them a large number of individuals who are psychically abnormal and could properly be put into one of these above mentioned groups. I personally am inclined to feel that if you make a careful, intensive psychogenic study of every prisoner, but very few, if any at all, would be found who would not reveal that their criminal

behavior is an unconsciously conditioned psychic reaction over which they have no conscious control. More and more studies are appearing that demonstrate the essential truth of this statement, and if it be true, then obviously imprisonment and punishment do not present themselves as the proper methods of dealing with criminals. We have to treat them as psychically sick people, which in every respect they are. It is no more reasonable to punish these individuals for a behavior over which they have no control than it is to punish an individual for breathing through his mouth because of enlarged adenoids, when a simple operation will remove the cause. There can be no question of responsibility where there is no evidence of conscious guilt; and there can be no question of guilt, if there is in the individual a strong psychic barrier that does not allow him to see it. And though an individual may be obsessed for months with the idea of carrying out a certain criminal act, there can be no question of premeditation if the individual is a victim of his impulses and instincts. In the future, it is the hope of the more progressive elements in psychopathology and criminology that the guard and the jailer will be replaced by the nurse, and the judge by the psychiatrist, whose sole attempt will be to treat and cure the individual instead of merely to punish him. Then and then only can we hope to lessen, even if not entirely to abolish, crime, the most costly burden that society has today.

The Criminal is the State's Greatest Crime.—*Arnim.*